COUNTY OF SAN LUIS OBISPO APPLICATION FOR APPOINTMENT TO A BOARD, COMMISSION, OR COMMITTEE

Date: <u>June 23, 2014</u>							
Applying For: Homeless Services Oversight Council (HSOC)							
Name: McIn	tosh	Grace		K			
Last		First		Middle Initial			
Address:	per Street		O'h	7. 0.1			
Num			Čity	Zip Code			
Email Address:	(Fas. of the later)						
Home Phone:	misro com and Senedary	Busine	ss Phone: 🥌	names Servet Sen			
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Place an "X" next to the HSOC membership category below which you wish to represent:							
County Government Service Providers (Behavioral Health, Planning, Social Services,							
Veterans Services, or Probation) X Non-profit Service Providers							
Which area(s) of the county does this organization serve? Countywide Affordable Housing Developers							
Local K-12 Academic Institution							
Local Businesses/Business Organizations Law Enforcement Local Health Provider							
Local Health Provider Local Faith Community							
Interested Community (preferentially with homelessness experience)							
Currently or Formerly Homeless Person Veterans Services Representative							
Local University or School of Higher Education Local Hospital							
	ces Representative						
			. 30				
Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization:							
CAPSLO staff.							

Please describe how you qualify for the HSOC category which you have selected above:

Attachment B

Application for Membership on the Homeless Services Oversight Council Page Two

Deputy Director at CAPSLO, responsible for overseeing the Homeless Services Division, including Maxine Lewis memorial Shelter and Prado Day Center, as well as countywide case management services to homeless individuals/families.

While not necessarily required, knowledge of issues relating to homelessness and/or previous involvement in addressing homelessness are desirable for HSOC members and will be considered by the selection committee prior to making its recommendations to the Board of Supervisors. Please summarize your experience with the issue of homelessness or with homeless clients:

See above. Past positions include working (11 years) with homeless/at-risk youth. Was on HSOC (including the Executive Committee and Supportive Services Committee).

Please explain why you would like to serve on the HSOC (attach a separate sheet if necessary):

CAPSLO is a partner with other homeless services providers and it is important to work collaboratively. I appreciate that HSOC can provide service providers with an opportunity to discuss issues with local government representatives. I oversee the grants division as well as supervise homeless services staff, so I feel I can bring a level of experience that is unique to HSOC.

Please note: It is possible that the selection committee may contact you to ask for additional

(4)	information if necessary to prepare its recommendation Supervisors.	ons for HSOC membership to the Board of		
	If appointed, are you willing to participate in the majority of meetings each year and, if necessary, in numerous related meetings of subcommittees?X_YesNo			
	Should you be appointed, are you willing, if necessary of disclosure as a public official under the standards s Commission?X_YesNo			
	Signed Grace McIntosh D	Date _06/23/14		
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	OFFICIAL USE ONLY			
	Date called/interviewed Recommended for a	appointment? Yes No		
Appointee prefers not to have address or phone numbers(s) published? Yes No				
9	Additional Comments:			